

UTAH COMPREHENSIVE CANCER CONTROL INITIATIVE PLAN SUMMARY

PREVENTION



EARLY
DETECTION



TREATMENT



QUALITY
OF LIFE



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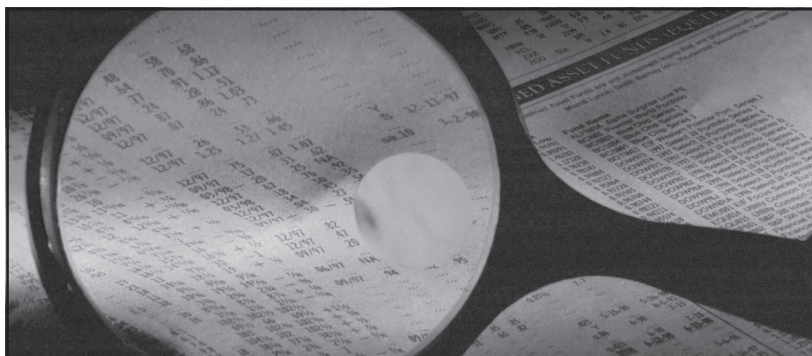
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UTAH COMPREHENSIVE CANCER CONTROL INITIATIVE PLAN SUMMARY

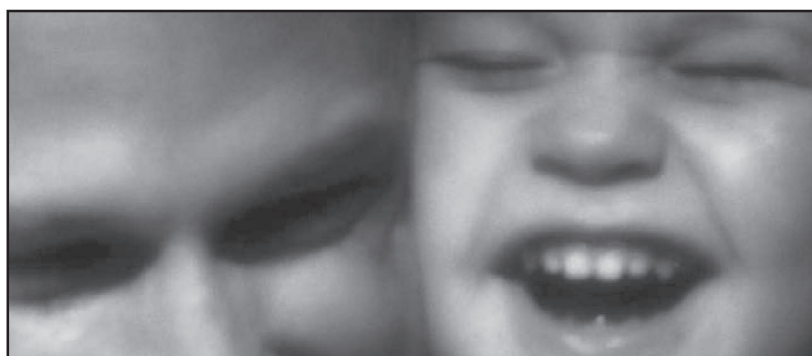
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UTAH'S RESPONSE TO CANCER

In May 2000, for the first time, a group of individuals representing various agencies and interests in Utah joined together to look at cancer prevention and control. This group, comprised of approximately 60 to 70 individuals from hospitals, government, community agencies, voluntary organizations, and other groups, and the community at large formed the Utah Comprehensive Cancer Control Initiative (UCCCI). The mission of the UCCCI is to:

“Reduce cancer incidence and mortality in Utah through collaborative efforts that provide services and programs directed toward comprehensive cancer prevention and control.”

Through their work, UCCCI members identified important objectives for cancer prevention, early detection, treatment, and quality of life in Utah, using sound science and best practices. The results are summarized in this document.

YOUR RESPONSE TO CANCER

As you will read, there is much work needed in cancer prevention and control in Utah. Please join us in the fight against cancer. Whether it is through support of policy changes or helping with a special project, there are many ways for you to be part of Utah's efforts to reduce the suffering and cost of cancer. If you would like to learn more about Utah's cancer control efforts or join the Utah Comprehensive Cancer Control Initiative, call (801) 538-6712, or toll free at 1-800-717-1811. Together we can reduce the burden of cancer for Utah citizens.

INTRODUCTION

Cancer is a large group of diseases characterized by uncontrolled growth and spread of abnormal cells. If the spread is not controlled, it can result in death. Cancer is caused by both external (e.g. chemicals, radiation, and viruses) and internal (e.g. hormones, immune conditions, and inherited genetic mutations) factors. These factors may act together or in sequence to cause cancer.¹ Cancer is the second leading cause of death in Utah.²

The Centers for Disease Control and Prevention (CDC) has begun providing planning grants to a small number of states to develop comprehensive cancer partnerships and plans. The Utah Department of Health (UDOH) was recently awarded one of the planning grants. To accomplish the goal outlined by CDC, the UDOH established the “Utah Comprehensive Cancer Control Initiative (UCCCI).”

Comprehensive Cancer Control is an integrated and coordinated approach to reducing cancer incidence, morbidity, and mortality through prevention, early detection, treatment, rehabilitation, and palliation.

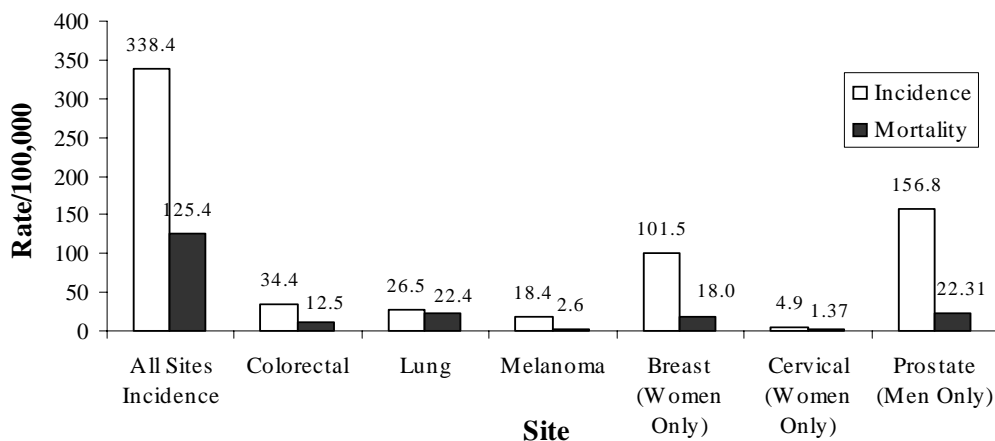
It is the hope of the UCCCI that through a collaborative effort, the plan’s goals and objectives will be achieved, and the burden of cancer among Utahns will be reduced. These efforts are considered important activities that encompass the spectrum of cancer care including prevention, early detection, treatment, and quality of life.

THE BURDEN OF CANCER IN UTAH

INCIDENCE

Cancer incidence rates increased between 1980 and 1998 in both the U.S. and Utah. In the U.S., the cancer incidence rate increased by 14%, from a rate of 345.9 per 100,000 in 1980 to 395.3 per 100,000 in 1998. In Utah, the cancer incidence rate increased by nearly 17%, from 289.3 per 100,000 in 1980 to 339.5 per 100,000 in 1998.^{3,4}

Cancer Incidence and Mortality Rates* by Site, Utah 1999



Source: Utah Cancer Registry; Utah Department of Health, Office of Vital Records and Statistics; SEER
*Rates are age adjusted to the 1970 U.S. standard population

The incidence rate in Utah for most cancers is lower than for the U.S. However, the incidence rates for melanoma and prostate cancers were higher in Utah than in the U.S. Men also had a higher overall cancer incidence rate than women between 1995 and 1999 both in Utah and the U.S.^{3,4}

MORTALITY

Cancer is the second leading cause of death in Utah and the U.S. Between 1980 and 1998, more than 34,000 Utahns died from cancer and the cancer mortality rate increased slightly from a rate of 122.2 per 100,000 to 125.4 per 100,000. For most cancers, Utah's mortality rates are lower than the U.S. rates. Between 1995 and 1999, the mortality rate for all cancers in Utah was higher for men than for women.^{2,4}

COST

During 2000, cancer cost the U.S. approximately \$180.2 billion. Of this total an estimated \$60 billion was spent for direct medical costs, \$15 billion for lost productivity due to illness, and \$105.2 billion for lost productivity due to premature death.² In Utah during 1998, more than 5,000 hospital discharges for cancer occurred. Over \$85 million was spent on hospitalizations for cancer in Utah during 1998 at a rate of more than \$230,000 per day.^{5,6}

PRIMARY PREVENTION

Primary Prevention, or preventing the occurrence of cancer, is essential to reducing the cancer burden for Utahns. Primary prevention efforts often focus on reducing the occurrence of cancer risk factors in a population. Primary prevention strategies to reduce or prevent tobacco use, obesity, improper nutrition, physical inactivity, and sun exposure for Utah's population are needed to reduce the occurrence of cancer in Utah.

PRIMARY CANCER PREVENTION OBJECTIVES

- Increase the proportion of youth and adults who eat five servings of fruits and vegetables per day.
- Increase the proportion of youth and adults who engage in regular, preferably daily, sustained physical activity for at least 30 minutes.
- Decrease the proportion of adults who are overweight.
- Reduce the proportion of Utah youth and adults who smoke cigarettes and use smokeless tobacco.
- Eliminate involuntary exposure to environmental tobacco smoke for all Utahns.
- Increase the proportion of patients who receive advice to quit smoking each year from a health care provider.
- Decrease the proportion of youth and adults who acquired a sunburn during the previous year.
- Obtain accurate rates of the occurrence of basal and squamous cell skin cancers in Utah.
- Collaborate with naturopaths and other interested persons to increase the safety of alternative therapies that are available to the public.
- Encourage referrals to cancer prevention trials by primary care and other health care providers.
- Recruit participants into cancer prevention trials, including representatives of diverse age, race, and ethnic groups.

DID YOU KNOW?

Eating 5 or more servings of fruits and vegetables daily can reduce your risk of colorectal cancer.

Physical activity can reduce your risk for colorectal cancer.

Tobacco use is a risk factor for lung, mouth, throat, larynx, bladder, and many other types of cancer.

To reduce your risk of some types of skin cancer, limit exposure to ultraviolet light from the sun, tanning booths, and sun lamps.

Frequent sunburn may be a risk factor for melanoma, a deadly type of skin cancer.

Vitamin supplements, natural remedies, and other alternative medicines for cancer prevention may result in adverse health effects.

There is a selenium and vitamin E prostate cancer prevention trial, call (801) 408- 3887 for more information.

DID YOU KNOW?

Prostate Cancer

- Two tests are used to detect prostate cancer: digital rectal exam and the prostate specific antigen (PSA) test.
- These tests are most effective when done together.

Cervical Cancer

- The Pap test is used to detect cervical cancer.
- Women should begin having Pap tests at age 18 or when they become sexually active.

Skin Cancer

- Skin exams by a dermatologist can detect skin cancer.
- The entire body should be examined.

Breast Cancer

- Mammograms, clinical breast exams, and breast self examinations are used to detect breast cancer.
- Women aged 40 and older should have yearly mammograms and clinical breast exams.

Colorectal Cancer

- Four tests can be used to detect colorectal cancer: fecal occult blood test (FOBT), flexible sigmoidoscopy, double contrast barium enema, and colonoscopy.
- Colorectal cancer screening should begin at age 50 for most adults.

EARLY DETECTION

Early detection, or identifying a disease at an early stage, is critical to effective treatment. Early detection is considered to be secondary prevention in that it reduces morbidity and mortality. Early detection can be implemented by screening an entire population or by screening only those at high risk for a disease. Examples of early detection methods include mammograms and Papanicolaou (Pap) smears which are used to screen for breast and cervical cancers.

EARLY DETECTION OBJECTIVES

- Increase prostate cancer screening and follow-up among high-risk populations.
- Increase provider dialogue with men aged 50 and older regarding prostate cancer screening.
- Increase cervical cancer screening rates in populations with the lowest screening rates such as Asian/Pacific Islanders, the elderly, and refugees.
- Increase rates of testicular self-exam and testicular exams provided by health care providers.
- Develop coalitions to build consensus on skin cancer screening recommendations.
- Expand the current system's ability to provide full body screening exams.
- Increase the detection of skin cancer.
- Increase the breast cancer screening rates for those least likely to get regular screening exams.
- Increase the quality and consistency of breast cancer screening services.
- Increase the colorectal screening rates among those aged 50 or older and other high risk groups.
- Increase dialogue between patients and their primary care providers about colorectal screening options.

DID YOU KNOW?

As a result of the 2001 Breast and Cervical Cancer Treatment Act, eligible women with a diagnosis of breast cancer, cervical cancer, or precancerous cervical lesions may now receive treatment through Utah Medicaid.

Clinical trials are available for the treatment of some cancers. Patients must qualify and be informed of the risks and benefits.

TREATMENT

To reduce the burden of cancer in Utah, treatment to cure or control the disease must be available, affordable, accessible, and state of the art. Individuals who are newly diagnosed with cancer may not be aware of the full spectrum of treatment options, clinical trials, and support services that are available to them. The cost of cancer treatment is often a barrier to individuals receiving optimal cancer treatment. For the 11% of Utahns who lack health insurance, the cost of cancer treatment can be overwhelming.⁷

TREATMENT OBJECTIVES

- Provide a free informational pamphlet which summarizes the spectrum of resources available to every cancer patient in the state of Utah at the time of diagnosis.
- Collaborate with health care providers throughout the state to develop and support regional tumor boards and meetings of multidisciplinary teams to discuss treatment options for challenging cancer cases.
- Systematically disseminate information about current standards of cancer care to health care and other cancer-related service providers in Utah.
- Identify programs that provide financial support to cancer patients and their families and disseminate information about these resources to health care providers and cancer patients.
- Ensure that cancer therapy and services are delivered in a culturally appropriate and sensitive manner.

QUALITY OF LIFE

According to the Institute of Medicine, quality end-of-life care should include pain management, psychosocial support, and timely referral to hospice.⁸ Quality of life can be improved for cancer patients and their families by integrating palliative care with treatment throughout the course of the illness.

QUALITY OF LIFE OBJECTIVES

- Ensure that accurate and appropriate information about cancer and quality of life is available to cancer patients, their families, and their employers.
- Ensure that cancer patients are consistently assessed for pain and other symptoms.
- Overcome barriers to symptom control and pain management for cancer patients in Utah.
- Ensure that services are in place to provide needed end-of-life care and educate Utahns about these care options.

CONCLUSIONS

The members of the UCCCI are now in the process of implementing the goals, objectives, and strategies which have been outlined in the UCCCI Plan and briefly reviewed in the preceding sections. It will take the efforts of all members and many new partners to accomplish the cancer prevention, early detection, treatment, and quality of life goals which have been established.

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PARTICIPATING ORGANIZATIONS

Many thanks to the members of the following organizations who are contributing to the Utah Comprehensive Cancer Control Initiative. Their work is summarized in this document and serves as the foundation for cancer prevention, control, and care in Utah.

Altius Health Plans	Public Employees Health Program (PEHP)
American Cancer Society	Pioneer Valley Hospital
Breast Cancer Task Force	Planned Parenthood
Colorectal Cancer Task Force	Salt Lake Valley Health Department
Prostate Cancer Task Force	Southwest Utah Public Health Department
American College of Surgeons (ACOS), State Physician Liaison	St. Mark's Hospital
Association for Utah Community Health (AUCH)	Susan G. Komen Breast Cancer Foundation
Battelle	Tooele County Health Department
Blue Cross/Blue Shield	University of Utah
Breast Cancer Coalition of Utah	College of Nursing
Brigham Young University	Prostate, Lung, Colorectal, Ovarian Trial (PLCO)
Cancer Information Service	Study of Tamoxifen and Raloxifene
Cancer Pain Relief of Utah	University of Utah Hospital
Cancer Wellness House	Utah Cancer Registry
Candlelighters of Childhood Cancer	United Health Care
Castleview Hospital	Utah County Health Department
Catholic Community Center	Utah Department of Health
Centers for Disease Control and Prevention (CDC)	Division of Community & Family Health Services
Church of Jesus Christ of Latter-day Saints	Bureau of Health Promotion
Cigna	Cardiovascular Program
Community Nursing Services (CNS)	Ethnic & Rural Health
Davis County Health Department	Healthy Utah
Dermatology Research Center	Tobacco Control Program
HealthInsight	Utah Cancer Control Program
Health Research Center	Office of Public Health Assessment
Hill Air Force Base	Utah Community Health Centers
Huntsman Cancer Institute	Utah Education Association
Intermountain Health Care	Utah Issues
LDS Hospital	Utah Medical Association
Primary Children's Medical Center	Utah State House of Representatives
Jewish Community Center	Utah State Office of Education
Man to Man	Utah State Senate
Office of Asian Affairs	Utah State University
Office of Black Affairs	Wasatch County Health Department
Pacific Islander Cancer Control Network	YWCA
	Julien Puzey